## **APPLICATION FOR LICENSURE**

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

#### **INSTRUCTIONS**

Requested information must be provided and all questions must be answered before your application will be processed. Failure to complete the application will result in its return to you. Your signature must be notarized and fees must be attached. Submit the completed form to the above address.

If you are applying for licensure by examination evidence must be submitted to the board that you:

- Are eighteen (18) years of age or older;
- Have graduated from a college or school of landscape architecture approved by the board.

An approved college or school of landscape architecture shall have a landscape architecture program accredited by the American Society of Landscape Architects, or shall substantially meet the accrediting standards of the ASLA as may be determined by the Board.

In lieu of graduating from an approved college or school of landscape architecture, you may be admitted to the examination upon presenting evidence of at least eight (8) years of actual, practical experience in landscape architecture of a grade and character satisfactory to the board. Your experience must be equivalent to subjects contained in the curriculum of an approved college or school of landscape architecture. No less than fifty percent (50%) of your practical experience must be under the supervision of a licensed landscape architect.

You are required to successfully complete a written examination that demonstrates your competency to plan, design, specify and supervise the installation and construction of landscape architectural projects.

**If you are applying for licensure by endorsement** the board may approve your licensure if you hold a current license in another state and have successfully passed the Landscape Architect Registration Examination or hold a current Council of Landscape Architectural Registration Boards certificate.

APPLICATION FEE \$100.00 ORIGINAL LICENSE FEE \$125.00 CLARB FEE PLUS ADMIN. FEE OF \$25.00

#### A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for the specific services that will meet your special needs. A request for special accommodation must be accompanied by current and historical medical documentation identifying your disability and supporting the need for the requested accommodations.

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642

E-mail = lar@ibol.state.id.us

Web site = <a href="https://www.ibol.idaho.gov/lar.htm">https://www.ibol.idaho.gov/lar.htm</a>

## IDAHO STATE BOARD OF LANDSCAPE ARCHITECTURE

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

## **APPLICATION FOR LICENSURE**

I hereby submit my qualifications and make application for a license to practice as a Landscape Architect in the State of Idaho under the provisions of Title 54, Chapter 3, and Title 54, Chapter 30, Idaho Code as amended.

1. Full Name (Mr., Mrs., or Ms.)			
2. Address of Record (The above address is public record) Street	City	State	Zip
	City	State	Zip
Mailing address (The above address is not public record) Street	City	State	Zip
3. Place of Birth	Date of Birth	/ /	•
	mm	dd yy	уу
(Proof of age must be attached. A copy of your birth certi-	ficate, passport, military ID, or valid driver's	license is acco	eptable.)
4. Social Security No Home phone r	number () E-mail		
5. Do you hold a Council of Landscape Architectural Reg (If Yes, your CLARB record or certification must be received before		[ ] Yes	[ ] <b>N</b> o
6. Are you a graduate of an accredited landscape architecture		[ ] Yes	[ ] No
( <b>If yes,</b> this office must receive official educational transcripts directl <b>If No,</b> you must complete the addendum verifying no less than 8 year required to document experience and must be received before your appropriate to the contract of the contrac	rs of landscape architect experience. Verification letter	rs from past emp	oloyers are
7. Are you currently or have you ever been licensed in an (If yes, we must receive certification of the license(s) directly from eabe processed.)			[] No cation will
8. Have you taken and passed any section of the LARE ex (If yes, the scores must sent to the Bureau directly from CLAR		[ ] Yes	[ ] No
9. Have you ever had a license, certification, or registration (If yes, a copy of the charges and the final order must be received before the charges are the charges and the final order must be received before the charges are the charges and the final order must be received before the charges are the charges and the final order must be received before the charges are the charges		ed? []Yes	[ ] No
<b>10.</b> Have you ever been convicted of a State or Federal felo (If yes, a detailed statement, a summary of the charges, the final order must be received before your application will be processed.)		[ ] Yes her relevant infor	[ ] <b>No</b> rmation
11. Have you practiced landscape architecture or represent (If yes, please attach an explanation.)	nted yourself as such prior to this application?	? []Yes	[ ] No
Provide four (4) references, two (2) of whom must be curbe from competent individuals who are well acquainted v	•		es must
Name	Name		
Position, License Number & State Where Licensed	Position, License Number & State Where L	icensed	
Current Address	Current Address		
City, State, Zip	City, State, Zip		

Name		Name					
Position, License Number & State Where Licensed Current Address		Position, License Number & State V	Position, License Number & State Where Licensed				
		Current Address	Current Address				
City, State, Zip		City, State, Zip	City, State, Zip				
person under whose supervis employment. You are respon	sion the work was performation in the work was performation to the work was performanced by the work wa	itectural or other applicable experience med, giving kind and type of work done, ication letters documenting your experience if additional space is necessary to list al	together with dates of nee are submitted from the				
NAME OF EMPLOYING FIRM	1						
NAME OF SUPERVISOR							
EMPLOYER ADDRESS	Street	City	State Zip				
DATES OF EXPERIENCE:	from// mm dd yyy		•				
NAME OF EMPLOYING FIRM	I						
NAME OF SUPERVISOR							
EMPLOYER ADDRESS							
	Street	City	State Zip				
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NAME OF EMPLOYING FIRM	ī						
NAME OF SUPERVISOR							
EMPLOYER ADDRESS							
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NAME OF SUPERVISOR							
EMPLOYER ADDRESS	Street	City	State Zip				
DATES OF EXPERIENCE:	from// mm dd yyy	to/	-				

PHOTOGRAPH: Attach an original PASSPO	ORT photo of yourself taken within the last 30 days here.
(Photo)	
	AFFIDAVIT
my knowledge and belief. I further certify that I have practice of Landscape Architecture. I also hereby authorize and direct any person, agency Licenses or it's authorized representative, any inform that may have bearing on my eligibility for or mainte	d above and those attached to this application are true and accurate to the best of a reviewed and will comply with the Idaho Laws and Rules governing the firm, or other entity to release, upon the request of the Bureau of Occupational lation, communication, report, record, statement, recommendation, or disclosure nance of the license for which I am applying. I understand that by signing this at me that may otherwise be protected or confidential.
	Signature of applicant
State of, County of	, ss.
Subscribed and sworn before me this day of _	
(Seal)	
	Notary Public official signature My commission expires

# LANDSCAPE ARCHITECT REFERENCE

Applicant's n	ame:				
Address:					
1. Have		cant attende No □	d landscape archi	tectural schoo	l together?
If yes, giv	e dates:				
Name of s	school:				
	you been emp Yes □ No □ ase supply tho		been members of	, the same firm	1?
		First		<u>Other</u>	
From - To					
Name of Firn	n				
City					
Applicant's F	Position				
Respondent's	<b>Position</b>				
A. Please in	ndicate your 6	expert opinio	other connection on as to the applic y placing an "X" i	ant's qualifica	tions to
Phase of Practice	Excellent	Good	Satisfactory	Inadequate	Unknown
Technical Competence					
Professional Integrity					
B. Do you	consider the a	applicant to b	oe a competent pr	actitioner?	
Profession/	Occupation: _		on (Please Print):_		
License nur	nber:	State in	which you hold y	our license	
Date:	S	ignature:			
Phone num	ber:				